

a leader of the University of Maryland's research endeavors since 2017; but it is also—and most importantly—because she brings to this position three decades of experience in working at all levels at NIST, the institute to which she has been nominated to lead.

She began her time at the Agency as a research staffer and rose to become the Acting Principal Deputy Director and Associate Director for Laboratory Programs. She was responsible for directing the Material Measurement Laboratory, which is one of NIST's largest laboratories. She also has very intimate knowledge of NIST from her other years of experience there, and she has really touched upon every area of endeavor within the NIST portfolio.

As I indicated, this appointment would be important at any time, but it is especially important at this moment as we grapple with supply chain issues and as we try to bolster U.S. manufacturing and try to make sure that we manufacture here, in the United States, essential products that we need.

This body, in addition to focusing on the manufacturing side of the ledger, also understands the importance of investment in vital research and materials science, in things like quantum computing and artificial intelligence. We passed, with an overwhelming bipartisan vote of 68 to 32, the U.S. Innovation and Competition Act, and NIST has very important responsibilities in those areas. What NIST does there is very important in our maintaining and sharpening our position in the world, especially as we address the growing challenge of China.

I also want to mention the Manufacturing Extension Partnership that is run out of NIST, which plays a very important role right now as we work to fight these supply chain blockages and also accelerate the production of personal protective equipment—N95 masks and ventilators. That push was fueled, largely, by the \$50 million that this body helped to appropriate for the MEP program in the CARES Act. Again, that is a program housed in NIST that is helping to deal with supply chain bottlenecks when it comes to essential protections from the pandemic.

So there is no justification for blocking this nomination. In fact, all we are doing is tying our hands behind our backs by depriving this important institute of their top leader at a time when we face national challenges on supply chain issues and at a time when we understand we have got to be at the top of our game when it comes to innovation and cutting-edge technologies in so many areas where it is essential to meet the challenge of China and others around the world in global competition. So I would really urge my colleagues to allow this nomination to proceed. It is the right thing to do for our country.

Mr. President, at this point in time, I ask unanimous consent that, notwithstanding rule XXII, the Senate

consider the following nomination: Executive Calendar No. 551, Department of Commerce, Laurie E. Locascio, of Maryland, to be Under Secretary of Commerce for Standards and Technology; that the nomination be confirmed; that the motion to reconsider be considered made and laid upon the table with no intervening action or debate; that no further motions be in order on the nomination; and that the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Is there objection?

The Senator from Florida.

Mr. SCOTT of Florida. Mr. President, reserving the right to object.

First, I want to acknowledge my colleague's interest in the nominee for the National Institute of Standards and Technology.

I am not sure if my colleague is aware, but, last month, I sent a letter to the Commerce Committee, informing them that I would be holding all Department of Transportation and Department of Commerce nominees until the committee hears testimony from Secretary Raimondo and Secretary Buttigieg about the supply chain crisis.

Right now, there are nearly 100 ships waiting to dock in California ports to unload their goods, but they are unable to do so because of President Biden's supply chain crisis. Christmas is just a couple of weeks away, and families and businesses are facing empty shelves, shortages on goods, and higher prices. So far, as far as I can tell, I have only seen Secretary Buttigieg and Secretary Raimondo play TV commentator rather than actually go out to California and solve the problems.

It is long past time for the Biden administration to tell us exactly what they are doing to solve this crisis and help American families. Until we hear from Secretary Buttigieg and Secretary Raimondo in the Commerce Committee, I will be objecting to all Commerce and Transportation nominees going through an expedited process here in the Senate.

This isn't personal. It is about accountability. I look forward to hearing from Secretary Raimondo and Secretary Buttigieg and then going forward with these nominees.

Therefore, Mr. President, I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Maryland.

Mr. VAN HOLLEN. Mr. President, I would just ask my colleague, in the coming days, before the end of the year, to reconsider his position.

He is a member of the Commerce Committee, and he knows well that there have been three hearings on supply chain issues, one on May 11 regarding "Freight Mobility: Strengthening America's Supply"; on July 15, "Implementing Supply Chain Resiliency"; and on December 7, "Uncharted Waters: Challenges Posed by Ocean Shipping Supply Chains," where the committee discussed a whole range of supply chain issues.

Moreover, responding to these issues, if we are really serious about addressing our supply chain issues, how does it help to deny us the opportunity to vote and put in place the Director of an Agency that is supposed to help relieve the supply chain bottlenecks?

I know the Senator from Florida had to leave, but it is a very simple question. If there is a genuine interest in addressing supply chain bottlenecks and addressing the cost pressures, how does denying NIST a leader help advance that agenda? Clearly, it does not. Clearly, this is harming the U.S. markets at this important time. Clearly, it is harming our supply chain efforts. Clearly, it is harming U.S. competitiveness.

So I urge my colleagues to move forward on this nomination. Apparently not today because of the objection, but let's get it done before the end of this year.

I am not going to ask for a quorum call. Thank you. That is it.

The PRESIDING OFFICER. The Senator from Wisconsin.

VACCINE MANDATE

Mr. JOHNSON. Mr. President, I come to the floor of the Senate today to make a few points and ask a few questions.

First of all, can we all acknowledge that there is so much that we do not know about the coronavirus, about COVID, the disease, or about the COVID vaccines? Our response to COVID, as a result, has been a reaction to very imperfect information.

So, very early in the pandemic, I gave those individuals in a position to have to make very tough decisions with imperfect information a great deal of latitude in making those tough calls, but over the course of the months, we have learned a lot.

We have always been told to follow the science, but it sure seems our healthcare Agencies—as I refer to them, the COVID gods; the Dr. Faucis of the world, the Agency heads, the Biden administration, the mainstream media, and social media—have never allowed second opinions. There has been one narrative, and they simply have not been willing to consider alternative measures.

So a question I think we should all be asking ourselves is, Does that response work? Over 780,000 Americans have lost their lives. The human toll of the economic devastation of the shutdowns, the year of lost learning for our children, the psychological harm to our children, the record overdose deaths, the increase in suicides—I don't know how you can take a look at America's death rate—the last time I looked, it was a couple weeks old; about 220 per 100,000 population. By the way, Sweden was at 145 per 100,000 a couple of weeks ago. I don't see how anybody can take a look at the response imposed in our country by the COVID gods and say it was a success.

So acknowledging the fact that there is still so much we don't know, I would

appreciate a little modesty on the part of the COVID gods. I would appreciate that we actually follow the advice that I have always heard when dealing with a serious medical condition: Get a second opinion. Get a third opinion. As I said, that is not allowed.

I think it also calls for a little respect for our fellow citizens. These are some tough decisions. They are tough decisions whether or not you want to get vaccinated.

Even more gut-wrenching than tough decisions based on these idiotic and pointless vaccine mandates is, do I subject to the coercion, to the pressure, to the fear of reprisal and take the jab or lose my job? These are tough decisions.

I am a big supporter of Operation Warp Speed. I have had every vaccination until this one because I had COVID. The COVID gods aren't acknowledging natural immunity. They are not acknowledging vaccine injuries. They are not acknowledging the fact that even if you are fully vaccinated, you can still get COVID and you can still transmit COVID. So what is the point of a mandate? But, of course, that is not what we are getting from the COVID gods.

This weekend, something happened that is not unusual. My words were taken completely out of context, twisted, distorted, and I was relentlessly attacked.

I would like to respond to those attacks that were headlined:

"Fauci calls Ron Johnson's AIDS comment 'preposterous.'"

Fauci said:

I don't have any clue of what he's talking about.

"Fauci Blasts Ron Johnson for Saying He 'Overhyped' AIDS: 'Preposterous!'"

"Anthony Fauci Rips GOP Sen. Ron Johnson's 'Preposterous' Accusation He's 'Overhyped' COVID."

So what did I say? That sounds terrible. Well, what I said was in response to radio talk show host Brian Kilmeade's question asking about the Omicron variant.

He said: It looks benign. I mean, mild symptoms; mostly people under 40.

So I answered his question about Omicron, talking about Muller's ratchet. It is a phenomenon. It makes sense—how viruses generally mutate, how they become more contagious because they want to replicate, so they become more contagious but generally less lethal because it doesn't have replication if you kill your host. Now, nothing is guaranteed, but that would be the general direction of the variants of the coronavirus. Why would we assume anything worse? But that is what the COVID gods are doing. They are assuming the worse. They are using every new variant to keep us in the state of fear that they have created to maintain control over our lives and rob us of our freedom, to impose freedom-robbing vaccine mandates, again, that are preposterous—there is a good use of that word—that are pointless, that are idiotic.

But after talking about that state of fear, I went on to say:

By the way, Fauci did the exact same thing with AIDS. He overhyped it.

Now, full stop, that is where the news media stopped and then accused me, falsely, of downplaying AIDS. I have never, nor would I ever downplay the tragedy that is AIDS, that is COVID. These are serious, deadly diseases. They have killed hundreds of thousands. I would never downplay them.

When I said "overhyped," I explained exactly what I was talking about in the next six words. I said:

He created all kinds of fear, saying it could affect the entire population when it couldn't. . . . [H]e's using the exact same playbook [for] COVID.

Here is the key point that I want to talk about a little bit later: ignoring therapy, pushing a vaccine. The solution to this pandemic, I have always thought, was early treatment. We still haven't robustly explored early treatment, and that is a travesty.

Now, Dr. Fauci wanted to show us that this criticism of him, creating a state of fear, is preposterous, but let's go to what he actually said back in May of 1983.

Now, I was alive in May of 1983. I understand how unsettling this new disease was. I understand the state of fear, the legitimate state of fear. But responsible health officials should not have stoked it, and Dr. Fauci did. He authored an article in the *Journal of the American Medical Association* stating "the possibility that routine close contact, as within [any] family household, can spread the disease." He added:

If indeed the latter is true, then AIDS takes on an entirely new dimension.

And then:

If we add to this the possibility that non-sexual, non-blood-borne transmission is possible, the scope of the syndrome may be enormous.

Now, it is important to note that these aren't off-the-cuff comments; this is in a column he wrote with forethought. Dr. Fauci knew what a delicate time we were in as the public awareness of this disease was emerging, when people were already frightened by what they were hearing. He was in a position of authority. He knew what he said carried weight and would be disseminated, and it was.

The following day's headlines—the *United Press International* published a story headlined "Household contact may transmit AIDS." The next day, the *Associated Press* ran a story asking "Does AIDS spread by routine contact?" The same day, the *New York Times* article read "Family Contact Studied in Transmitting AIDS," and it invoked Fauci's article in discussing the possibility of transmission between family members.

He stoked the fear, and it, quite honestly, continues to this day. He stigmatized AIDS patients for years with his fearmongering.

Now, less than 2 months later, in June of 1983, Dr. Fauci flip-flopped and

he publicly contradicted his own fearmongering by stating:

It is absolutely preposterous—

He likes that word, by the way—

It is absolutely preposterous to suggest that AIDS can be contracted through normal social contact [by] being in the same room with someone or sitting on a bus with them.

I mean, you heard what he said 2 months earlier, right? If he felt it was so preposterous on June 26, why had he raised the fear, stoked the fear, just 2 months earlier?

It is interesting. I just found out last night that not only did he write that article stoking the fear, he started giving interviews. I have seen an interview where he basically used the exact same words. But now he denies it. He wants to deny the reality of what he said and what he did. He wants to rewrite history.

By the way, when it comes to the AIDS crisis, rewriting history, I am not the only one who is accusing him of that. In an article published—or updated last on December 6 in 2017, in the *Huffington Post*, in their comment platform, which I guess has since been taken down, an author of a book—his name is Sean Strub—wrote an article—wrote a blog for *HuffPost*.

The book Mr. Strub wrote was "Body Counts: A Memoir of Politics, Sex, AIDS, and Survival." And he describes it, as he recounts how slow the Federal Government was in publicizing the use of Bactrim and other sulfa drugs to prevent PCP, which is the pneumonia that was then the leading killer of people with AIDS, in addition to its long-time and well-known use to treat that type of pneumonia.

So let me quote from Mr. Strub's article. He said:

Dr. Anthony Fauci is rewriting history. He is doing so to disguise his shameful role in delaying promotion of an AIDS treatment that would have prevented tens of thousands of deaths in the first years of the epidemic.

The article goes on to say:

In 1987, pioneering AIDS activist Michael Callen begged Fauci for help in promoting the use of Bactrim as PCP prophylaxis and issuing interim guidelines urging physicians to prophylax those patients deemed at high risk for PCP.

The article goes on:

Had Fauci listened to people with AIDS and the clinicians treating them, and responded accordingly, he would have saved thousands of lives. In the two years between 1987, when Callen met with Fauci and 1989, when the guidelines were ultimately issued, nearly 17,000 people with AIDS suffocated from PCP. Most of these people might have lived had Fauci responded appropriately.

Another doctor, Dr. Barry Gingell—I am continuing with the article here—

a medical advisor to Gay Men's Health Crisis, met with Fauci to plead for his support, they didn't just say there was "this preliminary activity and some small trials," as Fauci claims. They explained that many frontline AIDS physicians, following the lead of Dr. Joseph Sonnabend, were already using Bactrim effectively to prevent the recurrence of PCP. The science was clear. A decade before, clinical trials by Dr. Walter

Hughes had proven its efficacy in preventing PCP in other immune-compromised populations, like children with leukemia.

It continues:

Fauci refused to acknowledge the evidence and, according to one account, even encouraged people with AIDS to stop taking treatments, like Bactrim, that weren't specifically approved for use in people with AIDS.

Dr. Sonabend wrote in 2006:

Why, in the case of AIDS, was Bactrim, a known preventative measure against PCP, introduced so many years after a need for it had been recognized? To this must be added the question of why this neglect, the consequences of which can be measured in the tens of thousands of lives lost, has received almost no attention.

The media has continued to cover for Dr. Fauci.

The article goes on:

If we don't tell the truth about the history of the AIDS epidemic, it will be subject to more whitewashing—

As we witnessed this weekend. My aside.

—more distortions and more rewriting to suit the legacies of the officials in charge. These are the same officials who seem incapable of ever acknowledging or taking responsibility for mistakes they made—mistakes that cost our community thousands of lives.

Now, why did I take so much time to read an excerpt from this article from 2017?

It is because it is the major point I was making in my comments to Brian Kilmeade. Dr. Fauci, he is using the exact same playbook for COVID as he did for AIDS: ignoring therapy like Bactrim or the cornucopia of cheap, generic, repurposed drugs that are available, that are being used successfully to treat COVID and save lives.

The solution, I have always felt, has always been early treatment. But, again, Dr. Fauci is ignoring therapy and pushing a vaccine.

Why?

There are multiple medical experts who have looked at this, who are treating COVID, who are doing the research, who say upwards of 500,000 lives were needlessly lost because we ignored and, I would argue, sabotaged early treatment with cheap, generic, repurposed drugs.

In fact, the FDA completely trash-talked one of these repurposed drugs, a Nobel Prize-winning drug termed by the World Health Organization as a miracle drug, Ivermectin, calling it horse paste; saying: Come on, you all; you are not cows.

Fake news stories saying that people are lining up, clogging hospitals because of overdoses of Ivermectin, only to find out that is a completely false news story—like false studies published in medical journals that had to be withdrawn 2 weeks later early in the pandemic, which also poisoned the use of some of these repurposed drugs.

Let's take a look at some facts. Let's take a look at some facts that, when I go on media and I describe these facts, I am censored by the COVID gods; I am removed from YouTube, as is sometimes the radio talk show host.

But let's look at the facts of drugs versus the vaccine. Now, many of you will be shocked by this because this is all being censored. This information, this is not allowed. Again, there is one narrative; it is the narrative of the COVID gods. No second or third opinions are allowed. No questions are allowed to be asked, much less answered.

So let's take a look at Ivermectin. I have got two columns here: Total adverse events reported to either the FAERS system—the adverse event reporting system from the FDA for drugs—and the VAERS system—the vaccine adverse event system reported through the CDC.

So the top three. First of all, Ivermectin. Over 26 years—26 years of reporting—Ivermectin has about 3,756 adverse events reported in through FAERS. So that is adverse events. In terms of deaths, it averages about 15 reports of deaths per year.

Now, let's get something straight here. There are two main criticisms of FAERS and VAERS. It doesn't prove causation. I get that. But it also dramatically understates the adverse events.

So, again, we are going to use this as a comparison.

Ivermectin: 15 deaths per year, on average, over 26 years of usage.

Hydroxychloroquine: 23,355 total adverse events over 26 years. On average, about 69 deaths—death reports per year.

How about the seasonal flu vaccine?

Again, 26 years' worth of history: 198,776 total adverse events reported on VAERS, but an average of 80 deaths per year for the seasonal flu vaccine.

I look at these, and I go: These are pretty safe drugs. No drug is 100 percent safe. No human body is exactly the same. But you have to look at these drugs as having a very safe and reliable safety profile.

So if you have COVID—and let's face it, the current NIH guideline on COVID is to do nothing: go home, foray it alone, isolate yourself, hope you don't get so sick you have to check yourself into a hospital.

The only thing they are recommending for use is monoclonal antibodies. Try and get those. I have talked to so many constituents that haven't been able to. Either they are not sick enough or they become too sick or it has taken too long.

So, virtually, the NIH guideline continues to this day: Do nothing.

Now, a quick aside: How many other diseases is that the recommendation? Isn't it always early detection allows for early treatment, produces better outcome?

Of course, that is what we recommend for every other disease, except COVID because Fauci ignored therapies and pushed vaccines. He has just been—he has got his blinders on. It is vaccines, vaccines, vaccines.

And then they scaremonger both Ivermectin and hydroxychloroquine.

I don't know. Are you afraid of those? If you have got COVID, would you give those a shot?

I certainly would. And, by the way, I am not a doctor; I am not a medical researcher. But I have been in contact with doctors who have the courage and compassion to treat. And so when I have a friend or a constituent who calls me and says, "What can I do?" I refer them to a doctor who treats them.

And I have example after example of these things working, keeping people out of hospitals and certainly preventing death. I know it is anecdotal, but the evidence is mounting, and it is getting to the point of being—I think it is at the point of being irrefutable.

So now let's compare this to the drugs of choice of Dr. Fauci and the COVID gods. Let's take a look at Remdesivir. The studies were weak. They changed the endpoint of reducing death—because it didn't—to reducing days in the hospital. But they still rushed through the emergency use authorization, and it has been the treatment, because it is blessed by the COVID gods, that hospitals will apply.

Now, in fairness, hospitals also do dexamethasone. They will do other things—corticosteroids. Pierre Kory testified before my committee in May of 2020 about corticosteroids.

But Remdesivir is the big one; over \$3,000 a dose when these cost 20 to 50 bucks, total, as part of a multdrug, multivitamin—vitamin D, zinc. Remdesivir: 6,500 adverse events. I don't have it here. 1,612 deaths so far since it has got its emergency use. That is an average of 921 a year. That is Remdesivir.

Now let's look at the COVID vaccine, and this will shock you. It should shock you because nobody is talking about it. And when a guy like me talks about it, I get censored, I get vilified, I get attacked.

927,740 total adverse events. And, remember, one of the criticisms is VAERS dramatically understates the number of adverse events.

Total deaths: 19,532. Now, again, I realize VAERS doesn't prove causation, but almost 6,000 of these worldwide deaths occurred on days 0, 1, or 2 following vaccination.

I know Fauci, I know Janet Woodcock, I know Francis Collins are not concerned about this. I am concerned about this. Other people who have been able to avoid the censors and see this, they are concerned about it. They are making those tough choices. They also realize COVID can be a deadly disease. They have to make an informed decision whether or not to get vaccinated.

Shouldn't they have all the information?

But they are not being given all the information. It is about time they are.

Let me conclude by just asking—for the audience, really—why do I continue to push these truths?

And they are truths. There is no misinformation up here. This is the truth. These aren't my numbers. This isn't my data. This is the CDC and the FDA's data.

Why do I continue to talk about these things when I get attacked, when I get vilified, when I get ridiculed, when I get censored?

It is pretty simple. It is because I have acknowledged the vaccine-injured. I have held events to let them tell their stories—like little Maddie de Garay, 12 years old. Now she is 13. She participated in the Pfizer trial. She is in a wheelchair. She can't eat. She has a feeding tube.

Pfizer has ignored her, cast her aside.

They are not paying for her medical bills. That is a scandal right then and there. Brianne Dressen participated in the AstraZeneca trial: paralyzed from the waist down. Fortunately, she has gotten her leg function back. But she is not whole. She is not cured.

Ernest Ramirez: he lost his only son, his best friend. He is a single dad.

I have given the vaccine-injured—the survivors, I have given them a forum to tell their stories, and the media just shrugs. All they want is to be seen and heard and believed so they can be cured or so they can prevent other people from experiencing their trauma.

The real reason I continue to tell the truth—although I am attacked—is because not only have I given these individuals a forum to tell their stories, but I have seen their tears. I have hugged the vaccine-injured, the surviving spouses, the surviving parents, the surviving children.

Why won't we acknowledge these truths? Why won't we acknowledge the vaccine-injured?

Until we do, until we acknowledge what the root cause of the illness might be, how is there any hope of healing them?

So again, our response to COVID has been a miserable failure. We must acknowledge that. We can't deny reality. We need to embrace early treatment because we are going to continue to need early treatment.

The vaccines aren't 100 percent guaranteed effective. New variants will emerge. We are going to have to treat. Better start now and might as well give these cheap generic, widely available drugs a shot.

With that, I yield the floor.

The PRESIDING OFFICER (Ms. SMITH). The Senator from West Virginia.

GOVERNMENT FUNDING

Mrs. CAPITO. Madam President, I come to the floor today to talk about the appropriations process for the fiscal year 2022, in particular, the Homeland Security bill, where I serve as ranking member of that subcommittee.

Unfortunately, as I stand here today, as all of us know, in December, there is still no clear path for the fiscal year 2022 bills. And you know, that is a real shame, and I am going to talk about that.

Every year, it is a challenge to come up with a bipartisan bill. It is difficult to fund the government. But every year, we manage to do it. The main reason being that we have agreed on

certain rules—rules that transcend unique political situations, where both sides know that you are required in order to reach an agreement. We realize we have to give on each side.

These rules are what Vice Chairman SHELBY has been insisting we agree on now so we can proceed with meaningful negotiations. So I support Vice Chairman SHELBY, and I encourage my Democrat colleagues to come to the table, akin to the Shelby-Leahy agreements of the past. This isn't a partisan demand, but, rather, an appeal that we all recognize at the outset what is so obviously necessary for us to achieve an outcome at the end of the day.

As the ranking member of the Homeland Security Appropriations Subcommittee, I come today to address that bill. I have been pleased over the past year to work with our new chairman, Chairman MURPHY, on our subcommittee. We have had several meetings. And, thankfully, there are vast areas of agreement between us on a majority of issues. I look forward to continuing to work with him to advance agreement for the FY22 Homeland Security bill.

A full-year continuing resolution would be a massive challenge for the Department of Homeland Security. We know we have a continuing resolution going until February.

Like all Agencies—and I argue probably more than most Agencies—DHS exists in a dynamic, ever-evolving threat environment, and its priorities and commensurate funding levels must be updated through the Appropriations Committee.

Further, the DHS is personnel heavy, and we need to ensure that funding keeps up with the salaries and the benefits of the public servants in this Department who are striving every day to keep our Nation safe.

We also need to invest in our Coast Guard and our Coast Guard readiness, which is a part of this bill, and ensure that its important procurement efforts remain on schedule. I think we have great agreement on all of that.

So in the midst of the holiday season, we all know the critical work of the men and women of the TSA. And more recently, we, as a nation, are relying more and more on the constant diligence of the Cybersecurity and Infrastructure Security Agency—CISA—otherwise known as someone trying to keep us safe in cyber space.

These Agencies and all those within the Department stand ready to protect the homeland. But we in Congress seem ill-prepared when it comes time to supporting and furthering their efforts.

So that being said—and I know Chairman MURPHY and I agree on this—I loathe the fact that a CR would enable and pretty much encourage the Department to reprogram money at their own will, aside from the intention of Congress.

So let's secure a framework because, don't forget, we are talking here in the midst of a continuing crisis on our

southern border. Democrats have cited the supposed reduction in border encounters as evidence that President Biden and Vice President KAMALA HARRIS's immigration policies are working.

It is true that encounters have gone down. They have gone down from record highs in July to record highs in October. That is right, this October's numbers, which are the last numbers that we have, were the highest recorded numbers of any October in history. And that is astonishing.

You can see from the chart how the blue is the average from 2013 to 2020 of encounters. And you can see from January on how exponentially higher all of these encounters have been. We have real problems, particularly at the border, that need to be addressed.

So while a long-term CR would be bad, as I have already discussed, a full-year FY22 bill that does not address these real problems at our border is not reasonable either. But that is what the majority's Homeland bill does.

Literally, the first sentence of the summary says: "The fiscal year 2022 Homeland Security bill provides discretionary funding of \$71.7 billion, which is \$65 million less than [what] the President's . . . [asked in his budget] and \$136 million less than the . . . 2021 enacted level" that we are living under right now.

That is right, the DHS bill, introduced by the majority that we are now told is better for the Department than a CR, actually reduces funding from last year's levels.

For example, for Customs and Border Protection—they are on the front line—the bill provides \$14.5 billion, \$80 million below the President's budget request, and \$501 million below fiscal year 2021 enacted.

So the DHS Agency directly responsible for border security, with these numbers right here—the one that is overwhelmed by these numbers—would receive less funding than requested by President Biden and, yes, less funding that is being provided right now under this continuing resolution.

The same is true for Immigration and Customs, known as ICE, the Agency responsible for removing migrants who received due process and are ordered removed.

Again, I quote, for ICE, "the bill provides \$7.9 billion, \$58 million below the President's budget request, and \$40 million below" the enacted level that we are operating under now in 2021.

Once again, another account vital to enforcing our immigration laws cut from what we are operating under the CR.

So what is in the majority's bill that is being sold as border security?

This is what they have chosen to highlight: \$175 million for medical services for migrants who arrive at the border—by the way, the Department of Health and Human Services has an enormous amount of money in their budget—\$130 million for three new permanent processing facilities, and \$25